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10/590,678		435	1637	B0192.70065US00

APPLICANTS

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**** CONTINUING DATA *******

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**** FOREIGN APPLICATIONS *******

UNITED KINGDOM 0404315.4 02/26/2004

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

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35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Verified and Acknowledged	/ANGELA MARIE BERTAGNA/ Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	NORWAY	0	30
					3

ADDRESS

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TITLE

Detection of Human Papillomavirus

FILING FEE RECEIVED 1530	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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